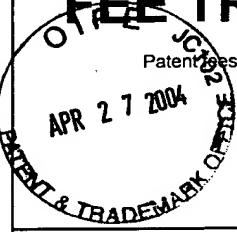
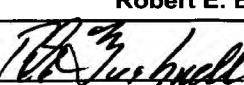


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEET TRANSMITTAL																																																					
 Patent fees are subject to annual revision.																																																					
Complete If Known																																																					
Application Number		09/419,300																																																			
Filing Date		15 October 1999																																																			
First Named Inventor		PHIL-TAE KIM																																																			
Examiner Name		ABDULSELAH, ABBAS																																																			
Group/Art Unit		2674																																																			
TOTAL AMOUNT OF PAYMENT		(\$) <u>180.00</u>																																																			
METHOD OF PAYMENT (check one)		Attorney Docket No. P55862																																																			
RECEIVED																																																					
MAY 05 2004																																																					
1. ■ The Commissioner is hereby authorized to charge any deficiencies: Deposit Account Number: <u>02-4943</u>																																																					
2. ■ Payment Enclosed: (CHECK#45563) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																					
FEE CALCULATION																																																					
1. BASIC FILING FEE																																																					
<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>\$</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td>\$</td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td>\$</td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td colspan="4">(\$)<u>0.00</u></td> </tr> </tbody> </table>						Large Entity		Small Entity				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee	\$	1002	340	2002	170	Design filing fee	\$	1003	530	2003	265	Plant filing fee	\$	1004	770	2004	385	Reissue filing fee	\$	1005	160	2005	80	Provisional filing fee	\$	SUBTOTAL (1)		(\$)<u>0.00</u>			
Large Entity		Small Entity																																																			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																																
1001	770	2001	385	Utility filing fee	\$																																																
1002	340	2002	170	Design filing fee	\$																																																
1003	530	2003	265	Plant filing fee	\$																																																
1004	770	2004	385	Reissue filing fee	\$																																																
1005	160	2005	80	Provisional filing fee	\$																																																
SUBTOTAL (1)		(\$)<u>0.00</u>																																																			
2. EXTRA CLAIM FEES																																																					
<table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>0</td> <td>-22** = 0</td> <td>x 18.00 = 0.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>0</td> <td>-3** = 0</td> <td>x 86.00 = 0.00</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>=</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;">** or number previously paid, if greater; For Reissues, see below</td> </tr> </tbody> </table>							Extra Claims	Fee from below	Fee Paid		Total claims	0	-22** = 0	x 18.00 = 0.00		Independent Claims	0	-3** = 0	x 86.00 = 0.00		Multiple Dependent			=		** or number previously paid, if greater; For Reissues, see below																											
	Extra Claims	Fee from below	Fee Paid																																																		
Total claims	0	-22** = 0	x 18.00 = 0.00																																																		
Independent Claims	0	-3** = 0	x 86.00 = 0.00																																																		
Multiple Dependent			=																																																		
** or number previously paid, if greater; For Reissues, see below																																																					
Large Entity Small Entity																																																					
<table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th></th> </tr> </thead> <tbody> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td colspan="4">(\$)<u>0.00</u></td> </tr> </tbody> </table>						Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		1201	86	2201	43	Independent claims in excess of 3		1202	18	2202	9	Claims in excess of 20		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)		(\$)<u>0.00</u>									
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description																																																	
1201	86	2201	43	Independent claims in excess of 3																																																	
1202	18	2202	9	Claims in excess of 20																																																	
1203	290	2203	145	Multiple dependent claim, if not paid																																																	
1204	86	2204	43	** Reissue independent claims over original patent																																																	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																	
SUBTOTAL (2)		(\$)<u>0.00</u>																																																			
RECEIVED Technology Center 2000																																																					
MAY 05 2004																																																					
SUBMITTED BY																																																					
Complete (if applicable)																																																					
Typed or Printed Name		Robert E. Bushnell, Esq.		Reg. Number	27,774																																																
Signature			Date	27 April 2004	Deposit Account User ID																																																

REB/ny

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.